

STATE OF WASHINGTON DEPARTMENT OF HEALTH  
2724 VITAL RECORDS  
CERTIFICATE OF DEATH2820  
LOCAL FILE NUMBER

0 31528

1 DISTRICT  
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2 COPIES  
3 HOSPITAL  
4 OCCURRENCE  
5 RESIDENCE  
6 TRACT  
118  
7 OCCUPATION  
125  
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21 ACCIDENT  
22 QUERIES  
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1 NAME—FIRST, MIDDLE, LAST Dwight Elmer Smith				2 SEX Male		3 DEATH DATE (Mo., Day, Yr.) Oct 15, 1990		146 STATE FILE NUMBER			
4 AGE LAST BIRTH- DAY (Yrs) 71		5 UNDER 1 YEAR MOS. DAYS HOURS MINS		7 BIRTHDATE (Mo., Day, Yr.) Feb 18, 1919		8 BIRTH STATE (if not in USA give country) Missouri		9 CITIZEN OF WHAT COUNTRY? USA		10 COUNTY OF DEATH Spokane	
11 CITY, TOWN OR LOCATION OF DEATH Spokane				12 PLACE OF DEATH — <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN. 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR. HOME 6. <input type="checkbox"/> OTHER PLACE Veteran Affairs Medical Center				13 SMOKING IN LAST 15 YEARS? (Yes/No) Yes			
14 MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify) Widowed		15 SURVIVING SPOUSE (If wife give maiden name) --		16 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) Yes		17 SOCIAL SECURITY NO. 485-16-4993		18 HIGH SCHOOL GRADUATE? (Yes/No) No			
19 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Laborer				20 KIND OF BUSINESS OR INDUSTRY Various		21 Was Decedent of Hispanic Origin or descent? (Ancestry) (Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc.) 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No		22 RACE (White, Black, Asian or Pacific Islander, Am. Ind., Hispanic, etc. (Specify) White			
23 RESIDENCE - NUMBER AND STREET 12325 E. Main, #109				24 CITY/TOWN OR LOCATION Spokane		25 INSIDE CITY LIMITS? (Yes/No) No		26 COUNTY Spokane		27 STATE Washington	
28 ZIP CODE 99216				29 FATHER'S NAME—FIRST, MIDDLE, LAST Lloyd Sylvester Smith				30 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Dissie Phillips			
31 INFORMANT—NAME Dwight C. Smith				32 MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 12325 E. Main, #116, Spokane, Washington 99216							
33 BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		34 DATE (Mo., Day, Yr.) Oct 19, 1990		35 CEMETERY/CREMATORY—NAME Fairmount Memorial Park		36 LOCATION—CITY/TOWN, STATE Spokane, Washington					
37 FUNERAL DIRECTOR SIGNATURE X <i>Larry N. Donnen</i>				38 NAME OF FACILITY Ball & Dodd Funeral Home, Inc.				39 ADDRESS OF FACILITY 421 South Division Spokane, WA 99202			
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN						TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER					
40 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE X <i>Wayne S. Limber, MD, Staff Physician</i>						41 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE X					
42 DATE SIGNED (Mo., Day, Yr.) 10/16/90				43 HOUR OF DEATH (24 Hrs.) 1600		44 DATE SIGNED (Mo., Day, Yr.)				45 HOUR OF DEATH (24 Hrs.)	
46 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						47 PRONOUNCED DEAD (Mo., Day, Yr.)				48 HOUR PRONOUNCED DEAD (24 Hrs.)	
49 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Veterans Affairs Medical Center, N4815 Assembly, Spokane, Washington 99205											
50 PART I. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.											
IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or in- jury which initiated events resulting in death) LAST						(A) Disseminated Intravascular Coagulation DUE TO, OR AS A CONSEQUENCE OF.			INTERVAL BETWEEN ONSET AND DEATH 4 days		
						(B) Metastatic Carcinoma of Prostate DUE TO, OR AS A CONSEQUENCE OF.			INTERVAL BETWEEN ONSET AND DEATH 3 Years		
						(C)			INTERVAL BETWEEN ONSET AND DEATH		
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO, DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE						52. AUTOPSY? (Yes, No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR COR- ONER? (Yes/No) No			
54. ACC, SUICIDE, HO, UNDET. OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo., Day, Yr.)		56. HOUR OF INJURY (24 Hrs.)		57. DESCRIBE HOW INJURY OCCURRED					
58. INJURY AT WORK? (Yes/No)		59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (Specify)				60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE					
61. REGISTRAR SIGNATURE X <i>John A. Brown MD</i>						62. DATE RECEIVED (Mo., Day, Yr.) OCT 17 1990					